



PERSONEL BIOLOGICAL AGENT EXPOSURE CONTROL PLAN FORM

Biohazardous Materials Use Certificate (BMUC) Holder: _____

PART 1 RISK ASSESSMENT

1. **Biological Agents in use** (*keep your BMUC inventory up-to-date*):
2. **Zoonotic Agent** Yes No
3. **Mode(s) of Transmission:**
4. **Infectious Dose:**
5. **Working Dose:**
6. **Symptoms and Incubation Period:**
7. **Laboratory Associated Infection Reported in Literature** (refer to PSDS):
8. **Targeted Organs:**
9. **Is the biological agent rendered inactive or non-replicative?** Yes No
If yes,
How has this been confirmed (by whom and date):
10. **Experimental procedures that pose an exposure risk** (please describe):
Note: These may include those risk associated with
 - *Standardized lab procedures,*
 - *animal handling (bite, scratch, needle stick due to movement of the animal, and*
 - *atypical situations (jarring movements, traffic flow, lab design)*
11. **Personnel have been advised to reach out to Health and Wellness sector if they have questions regarding medical surveillance, vaccination (if available) or if their medical history could increase their risk.**

 Yes No



PART 2 MITIGATION STRATEGIES

1. Vaccination or other medical prophylaxis measures:
2. Steps undertaken to reduce the risk of exposure:

PART 3 ACCIDENT REPORT AND MEDICAL TREATMENT

1. uOttawa Accident/Incident forms must be completed including near miss-incidents. Bookmark the link:
<https://web30.uottawa.ca/v3/riskmgmtfrm/aioreport.aspx?lang=en>
2. In the case of an exposure, describe the steps to be undertaken (*attach any relevant documentation*):
3. Has your staff been informed of the exposure risks, mitigation activities as well as emergency procedures in the case of an exposure? Yes No
4. Has an Emergency Medical Contact Card been issued as per PHAC for pathogens for which the medical community may not be able to easily identify, RG3 and/or RG4 Yes No n.a.

Declaration and Signature

I am aware of the inherent risks associated with this project and implemented the appropriate measures to eliminate or mitigate the risks. I certify that the information provided herein is, to the best of my knowledge, complete, accurate and consistent with any proposal(s) submitted and will be provided to my staff.

Principle Investigator's signature

Date